

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/26/2012
FORM APPROVED
OMB NO. 0938-0391

45th 3/10/12

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445459	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/25/2012
NAME OF PROVIDER OR SUPPLIER HANCOCK MANOR NURSING HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1423 MAIN STREET SNEEDVILLE, TN 37869	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 425 SS=D	<p>483.60(a),(b) PHARMACEUTICAL SVC - ACCURATE PROCEDURES, RPH</p> <p>The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.75(h) of this part. The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse.</p> <p>A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident.</p> <p>The facility must employ or obtain the services of a licensed pharmacist who provides consultation on all aspects of the provision of pharmacy services in the facility.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, review of facility policy and interview, the facility failed to maintain accurate narcotic records for one resident (#7) of thirteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #7 was admitted to the facility on March 23, 2011, with diagnoses including Diabetes Mellitus, Uncontrolled Diabetic Neuropathy, Hypertension, Cerebrovascular Accident (CVA), Transcerebral Ischemia, Alzheimer's Disease,</p>	F 425	<p>Hancock Manor hereby submits this plan of correction based upon the findings of a Health and Life Safety Code recertification survey conducted by the East Tennessee Regional Office of Health Care Facilities on January 23-25, 2012. Please allow this plan to serve as our Credible Allegation of Compliance. The following POC shall not be construed as an admission of fault or an agreement with the findings of non-compliance. The POC is provided pursuant to federal regulations, which require an acceptable plan of correction as a condition of continued certification.</p> <p>F425</p> <ol style="list-style-type: none"> 1) The Medical Director was contacted by the Licensed Practical Nurse at 11:00am on January 24, 2012 to inform him of the medication administration. An order was received from the Medical Director at 11:00am on January 24, 2012, and the medication was administered to Resident #7 by Licensed Practical Nurse #1. The Responsible Party was contacted by the Licensed Practical Nurse at 11:05am on January 24, 2012 to inform them of the orders. Licensed Practical Nurse #1 was educated by the Director of Nursing on January 24, 2012 regarding medication administration. 2) All Residents have the potential to be affected by the citation. All narcotic medications were audited for correct count by the Director of Nursing and Assistant Director of Nursing at 4:30pm on January 24, 2012. All narcotic medication counts were correct. 3) All licensed Nurses were in-serviced by the Director of Nursing and the Assistant Director of Nursing on January 24-31, 2012 regarding Narcotic count policies and procedures, and the 5 rights of Medication Administration. 	01/31/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

George W. Brown Sr.

Administrator

02/02/2012

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 425	<p>Continued From page 1</p> <p>Muscle Weakness and Depression.</p> <p>Medical record review revealed physician's order, dated March 23, 2011, for Hydrocodone/APAP, (Lortab) 5/500mg, one tablet twice a day for severe pain.</p> <p>Observation on January 24, 2012, at 10:40 a.m., in the 200 hallway, revealed during narcotic count verification check with Licensed Practical Nurse (LPN) #1, Hydrocodone /APAP 5/500mg twenty six (26) tablets were present in the drawer and the narcotic record for resident #7 revealed twenty five (25) tablets.</p> <p>Interview with LPN #1 on January 24, 2012, at 10:41 a.m., in the hallway confirmed twenty six Hydrocodone tablets were present and the resident's narcotic record revealed twenty five tablets. LPN #1 confirmed the medication was signed out on January 24, 2012 at 9 a.m. for resident #7 and during the 9 a.m. medication pass, was not sure if the Hydrocodone tablet was administered to resident #7.</p> <p>Review of the facilities Verification of Controlled Substance Count Sheet revealed the narcotic count was correct at the previous shift change.</p> <p>Review of the facilities Narcotic Count Policy and Procedure, dated September 12, 2003, revealed "...the number of entries on the narcotic delivery log should match up with the number of cassettes listed on your narcotic cassette sheet..."</p> <p>Interview with LPN #1 and the Director of Nursing (DON), on January 24, 2012, at 10:45 a.m., in the</p>	F 425	<p>4) The Director of Nursing or Assistant Director of Nursing will conduct a medication administration pass audit once weekly for one month and once monthly for three months. The Director of Nursing or Assistant Director of Nursing will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping & Laundry Director and Maintenance Director.</p>	

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F 425	Continued From page 2 DON office, confirmed twenty six Hydrocodone tablets were present, the narcotic count sheet revealed twenty five tablets and the narcotic count was not correct.	F 425			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease. (3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice. (c) Linens	F 441	F 441 1) The Assistant Director of Nursing conducted one-on-one directed education on January 23, 2012 with Licensed Practical Nurse #2 regarding proper wound care techniques to include infection control 2) All Residents have the potential to be affected by the citation. A wound care technique audit was conducted by the Assistant Director of Nursing on January 26, 2012 to ensure proper wound care techniques including infection control. 3) All licensed Nurses were in-serviced by the Director of Nursing and the Assistant Director of Nursing on January 23-31, 2012 regarding proper wound care techniques including infection control. 4) The Director of Nursing or Assistant Director of Nursing will conduct wound care technique audits to include infection control once monthly for three months. The Director of Nursing or Assistant Director of Nursing will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping & Laundry Director and Maintenance Director		01/31/12

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F 441	<p>Continued From page 3</p> <p>Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, medical record review, and interview, the facility failed to follow standard practice for infection control during a dressing change for one resident (#1) for thirteen residents reviewed.</p> <p>The findings included:</p> <p>Resident #1 was admitted to the facility on December 6, 2008, with diagnoses including Paralysis, Anemia, Psychosis, Hypertension, Parkinson Disease, Low Protein, Seizure Disorder, Osteoporosis and Hospice Care.</p> <p>Medical record review of a physician's order, dated December 5, 2011, revealed "...cleanse coccyx with wound cleanser, pat dry, apply Duoderm to coccyx...change every 3 days and PRN (as needed) until resolved..."</p> <p>Observation on January 23, 2012, at 1:15 p.m., in the resident's room, revealed Licensed Practical Nurse (LPN) #2 cleaning and applying Duoderm dressing to the resident's coccyx. Continued observation revealed LPN #2 applied wound cleanser to one gauze pad (4x4), wiped one side of the wound, wiped the other side of the wound, wiped the center of the wound and dried the wound using the same dirty gauze pad and proceeded with the dressing change.</p>	F 441			

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F 441	Continued From page 4 Interview with LPN #2 on January 23, 2012, at 1:30 p.m., outside of the resident's room, confirmed the LPN used the same dirty gauze pad three times to clean and dry the wound. According to the European Pressure Ulcer Advisory Panel (EPUAP) and the National Pressure Ulcer Advisory Panel (NPUAP), 2009 "...bacteria is present on all skin surfaces...when the primary defense provided by intact skin is lost, bacteria reside on the wound surface also...infection may spread beyond the pressure ulcer, resulting in systemic inflammatory response syndrome (SIRS) or sepsis...to avoid these serious consequences the professional should focus on identification of high risk individuals, prevention, early detection and prompt and effective treatment..." Interview with the Assistant Director of Nursing (ADON) on January 23, 2012, at 2:00 p.m., at the nurses' station, confirmed the use of the same dirty gauze pad to clean and dry the wound does not follow standard practice.	F 441			
F 502 SS=D	483.75(j)(1) ADMINISTRATION The facility must provide or obtain laboratory services to meet the needs of its residents. The facility is responsible for the quality and timeliness of the services. This REQUIREMENT is not met as evidenced by: Based on medical record review and interview, the facility failed to obtain laboratory services for one (#2) of thirteen sampled residents.	F 502	F 502	1) The Medical Director was notified by the Licensed Practical Nurse of the labs for Resident #2 at 3:00pm on January 23, 2012. New orders were received at 4:10pm on January 23, 2012. The Responsible Party was notified by the Medical Director of the labs for Resident #2 at 3:30pm on January 23, 2012. The Licensed Practical Nurse involved was educated by the Director of Nursing on January 24, 2012 regarding lab requirements. 2) All Residents have the potential to be affected by the citation. The Licensed Nurses conducted an audit of all	01/31/12

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F 502	<p>Continued From page 5</p> <p>The findings included:</p> <p>Resident #2 was admitted to the facility on January 18, 2008, with diagnoses including Anemia, Hypertension, and Renal Deficiency.</p> <p>Medical record review revealed a physician's order dated October 13, 2011, to obtain labs for "fe (iron), ferritin, B-12 level, folate level and hemocult x3." Further review revealed a physician's order to obtain a BMP (basic metabolic panel) in one week.</p> <p>Interview with the Director of Nursing (DON), in the DON's office on January 24, 2012, at 12:15 p.m., confirmed the lab had not been obtained as ordered by the physician.</p>	F 502	<p>orders and labs for all residents on January 23, 2012, and no other residents were found to be affected.</p> <p>3) All licensed Nurses were in-serviced by the Director of Nursing and the Assistant Director of Nursing on January 23-31, 2012 regarding proper procedures for physician order and review. The Licensed Nurses will conduct a 24 hour chart review to include checking all physician orders for accuracy. This 24 hour chart review will be conducted daily on an on-going basis.</p> <p>4) The Director of Nursing or Assistant Director of Nursing will audit, once weekly for one month and once monthly for three months, to ensure the 24 hour chart review completed by the Licensed Nurses has been completed. The Director of Nursing or Assistant Director of Nursing will present the results of these audits at the monthly Quality Assurance Performance Improvement Meeting and audits will continue until 100% compliance is achieved. Members of the Quality Assurance Performance Improvement Committee are the Administrator, Medical Director, Director of Nursing, Assistant Director of Nursing/Minimum Data Set Nurse, Business Office Manager, Social Services Director, Activities Director, Dietary Manager, Rehab Manager, Housekeeping & Laundry Director and Maintenance Director.</p>		

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